PLACE OF DEATH 4979  Gounty Jamett	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City accident, District M. (No. 910t)	Registered No. 106  St.; Ward)  Registered No. 106  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Manuel White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 A I HEREBY CERTIFY, That I attended deceased from
Sept. 8 , 1834.  (Month) (Day) (Year)	Lex 27, 1913, to may 8, 1914, that I last saw h in alive on may 8, 1914
TAGE  1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 230 pm, The CAUSE OF DEATH* was as follows:  Cancer (Scirrhus) of Fire T Intestines
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Semma.	Contributory (Secondary) (Secondary) (Secondary)
O NAME OF William Glotfelty  O 11 BIRTHPLACE OF FATHER (State or country)  O State or country)  O NAME OF William Glotfelty  O State of Country)	(Signed) Callace Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident.
13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME of Ster Livengood  13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds.
(Informant) R. J. D. accident, Ms.	Where was disease contracted, If not at place of death?  Former or usual residence
Filed 5/12,191 Adulant State Registrar  If more blanks are needed, address State Registra	De Bolden Oaklans, Mu

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puteretal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accicause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For vio-



SICIANS Shoul PHYSICIANS RECORD ō Ш RMAN ciassified. O properly supplied. pe may = terms, of information s DEATH is plain See instructions piain CAUSE OF Important. m

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in St:....Ward) Village or City. a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. ORDIVORCED (Write the word) I HEREBY, CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at t day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? mos. ds. SOCCUPATION (a) Trade, profession, or particular kind of work...-(b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lifbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful who have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionacum, etc.. Carcin-

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should si Noi PHYSICIANS shoul of OCCUPATION statement ENT EXACTLY. PERMAN Exact stated classified. pe pinous properly AG supplied. pe may certificate. that 80 of pe back terms, 00 plain EATH in plain Information See ō 0 OF important. Every I

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... Ilf death occurred in St :----Ward) Village or City a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, 1914 WIDOWED, (Month) (Dav) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) TAGE It LESS than and that death occurred on the date stated above, at t day, -hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which ampioyed (or employer) ...... Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER . 191 4 (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. mos. ..... ds. State Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE it not at place of death? Former or (Informant) --usual residence. PLACE OF BURIAL OR REMOVAL OATE OF BURIAL (Address) .... 15 20 UN OERTAKER REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) injury, as fracture of skull and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purrement scottchae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. N.S.

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	PLACE OF DEATH 4982
Cou	unty Gant Mid.
₩	Word Barton (No.
	FULL NAME Harriet M.
	PERSONAL AND STATISTICAL PARTICULARS
3 SE	male white single, married widowers, Married (Write the word)
6 D/	ATE OF BIRTH
	(Month) (Day (Year) the
7 A C	an 1 day,hrs. or mos ds. OR min.?
(a) par (b) bus	CCUPATION Trade, profession, or Ileanuse Wefe General nature of industry, Iness, or establishment in ich employed (or employer)
9 81	RTHPLACE (State or country) MQ
	10 NAME OF RESIDE Mochaela (S
ENTS	11 BIRTHPLACE OF FATHER (State or country)
PARENT	12 MAIDEN NAME Colina Centris
	13 BIRTHPLACE OF MOTHER (State or country)
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Intermant) Self (Address) Western Burt, M.G.
15	(XUII 650)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred to a hospital or institution, give its NAME instead of street and number.]

MEDI	ICAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	May (Month)	/6 (Day	, 1914 (Year)
17 1 HEI	REBY CERTIFY, That	I attended	deceased from
<i></i>	, 191, to		, 191,
	allve on May		
and that death occur	red on the date state	ed above, at	11-30pm
The CAUSE OF DEA	TH * was as follows:		
Fell donn	. Stans	fracture	A
shall Y	a stone	Two 6	vzen
		***************************************	
	(Duration)	yrs	mosds.
	(Duration)	yrs	mos. ds.
(Signed) Deal	· Bouche	2	, M. D.
, 191.	(Address) Bas	ton	med
*State the DiseA	ASE CAUSING DEATH,	or, in deaths	from VIOLENT

\*State the DISBASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

۱	OR RECENT RESIDENCE (FOR HOSPIT	ALS, INSTITUTIONS, TRANSIEN	7
-	At place In t ot death yrs mos ds. Sta Where was disease contracted.		
1	If not at place of death?		

19 PLACE OF BURIAL OR REMOVAL

LACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
mel Hill Cumeling of	May 18 , 1915	
INDERTAKER	ADDRESS	
3, Bral	Burton	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20

or

# OCAL REGISTES

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations eated thus: ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no oecupation whatever, write None. gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons -Precise statement of occupa-"Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State eause for thenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough, Chronic ture of the American Medleal Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the Bronchopneumonia (seeondary), 10 ds. Never report The contributory tetanus) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "PUERPERAL septiehae-"Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Village or City Bloomington (No,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 163  St.; Ward)  St.; Ward)  land  St.; Ward)  If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Write 5 single, MARRIED, WIDOWED, ORDINGRED (Write the word)	16 DATE OF DEATH  May 25, 1914  (Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Nov. 25 , 1913  (Month) (Day (Year)	that I last saw halive on, 191,
TAGE  If LESS that 1 day,hrs  ORmin.?  Control of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	and the death occurred on the date stated above, at
9 BIRTHPLACE (State or country) Lleason, W. Va.  10 NAME OF FATHER OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHE	Contributory Secondary  Beration yrs mos ds.  (Signed) , M. D.  *State the DISEASE CAUSING DEATH OF, in letths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Conse Warnick	At place of death yrs. mos. 3 ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?
(Address) Bloomington  Filed 191  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERJOKER  ADDRESS  Sistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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signed

8 20 to

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, scpsis, tetanus) LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

RECEIVED SEP 221914 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS  SOLID PARTICULAR S  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SOLID PARTICULAR S  MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  17	Gounty Jarrett	STATE OF MARYLAND CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  SOLID PARTICULAR S  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SOLID PARTICULAR S  MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  17	7	Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  *COLOR OR RACE  *SUINGLE.  *White the word  *DATE OF BIRTH  **DATE OF BIRTHPLACE  (State or country)  **DATE OF BIRTHPLACE  **OF BIRTHPLACE  OF BATHER  (State or country)  **DATE OF BIRTHPLACE  OF BATHER  (State or country)  **DATE OF BIRTHPLACE  OF MOTHER  (STATE OF COUNTRY)  **DATE OF BIRTHPLACE  OF MOTHER  (STATE OF COUNTRY)  **DATE OF BURIAL OR REMOVAL  **DATE OF BURIAL  **MADDEN NAME  OF MOTHER  (STATE OF COUNTRY)  **DATE OF BURIAL  **INCREMENT OF RESIDENCE (FOR MOSPITALE INSTITUTIONS, TRANSIENTS OF MONTHERS)  (Indomanii)  **MADDEN NAME  OF MOTHER OF COUNTRY  **DATE OF BURIAL OR REMOVAL  **MADDEN NAME  (Indomanii)  **MEDICAL CERTHY  (Month)  (Month	Village or City tearer, (No,	give its NAME Instead
TAGE  ACT OF SIRTH  BOTH (Write the words)  TAGE  If LESS the state of DEATH  ACT (Write the words)  TAGE  ACT OF SIRTH  TAGE  If LESS the state of DEATH  ACT (Write the words)  If LESS the state of DEATH  If Light (Wonth)  (Day)  If LESS the state of DEATH  If Light (Wonth)  (Day)  If LESS the state of DEATH  If Light (Wonth)  (Day)  If LESS the state of DEATH  If Light (Wonth)  If LESS the state of Light (Wonth)  If LESS the state of DEATH  If Light (Wonth)  If LESS the state of DEATH  If LIGHT (Wonth)  If LESS the state of Light (Wonth)  If LESS the state o	FULL NAME David Eller	worth flavage of street and number.]
Male white word write the word of the property	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BOATE OF BIRTH  BOATE (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Mon	marketo, Drugle	(Month) (Day) (Year)
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in the Cauled wat wood which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 LAGE  16 GAMESS  17 PLACE OF BURIAL OR REMOVAL  (Address)  18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE OR RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE OR RESIDENCE)  (Address)  15 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  16 SUMPLEMENT  17 STATE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  15 SUMPLEMENT  16 SUMPLEMENT  17 STATE ABOVE  18 DEPTHY WAS AS FOLIOWED AS A STATE  18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE OR RESIDENCE)  18 DEPTHY WAS SUMPLEMENT  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS AS FOLIOWED AS A STATE OF BURIAL  10 DEPTHY WAS ASSAULT OF BURIAL OR REMOVAL  10 DEPTHY WAS ASSAULT OF BURIAL  10 DEPTHY WAS ASSAULT OR BURIAL  10 DEPTHY WAS ASSAULT OF BURIAL  10 DEPTHY WAS ASSAULT OF BURIAL  11 DEPTHY WAS ASSAULT OF BURIAL  12 DEPTHY WAS ASSAULT OF BURIAL  17 DEPTHY WAS ASSAULT OF BURIAL  18 DEPTHY WAS AS	Barns Feb 22, 1867.	Mr. 9 m, 1911, to Feb. 27, 1912.
SOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in the Cauld wat work?  (State or country)  Sarrett Co, Mad  10 NAME OF FATHER  11 BIRTHPLACE  OFFATHER  12 MAIDEN NAME  OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER  (State or country)  13 BIRTHPLACE  (State or country)  Sarrett Co, Mad  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF MEETING	1 day,hrs.	
Secondary)    Secondary   Contributory (Secondary)   Contributory (Signed)   Contributory (Secondary)   Contrib	S OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	Oplekey  (Duration) 40 yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Sarrell Co not 12 Maiden Name Of Mother Grandler (State or country) Sarrell Co not 13 BIRTHPLACE OF MOTHER (State or country) Sarrell Co not 14 The above is true to the best of My knowledge (informant) Marshal M. Javage (Address) Mother My Lavage (My Lavage My L	9 BIRTHPLACE	(Secondary)
OF FATHER (State or country) Servell Co not 12 Mains of Injury; and (2) whether Accidentally Soft Mother (State or country) State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally Soft Mother (State or country) Sarvett Control of Recent Residence in the of death yrs. mos. ds. State yrs. mos. ds  14 The above is true to the Best of My knowledge (informant) Marshal M. Javage (intermant) Sarvett Control of Burial or Removal Date of Burial or Removal May 17, 1914	FATHER William H. Lavage	(Signed) W. J. Myers, M. D.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS,	T BIRTHPLACE OF FATHER (State or country) Servett Co, ned.	State the Disease Causing Death, or, in deaths from Violent
(Interment) Marshal M. Javage   it not at place of death?  Former or usual residence  (Address)	13 BIRTHPLACE Ly THE MOTHER	of death yrs mos ds. State yrs mos ds
Sand Spring may 17, 1914	Marshal M Lawage	it not at place of death?  Former or usual residence
Filed 191 ADDRESS		Sand Spring may 17, 1914
REGISTRAR S ANGGE Herindsville If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.		I savage Firiendsville

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the diberale causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinolasis of lungs, meninges, peritonaeum, etc.. Carcinolasis

Original !

which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage. as "Puerperal scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably "Hart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State canse for Examples:



UNFADING INK-THIS IS PLAINLY, WITH

WRITE

V. S. No. 1.

RECORD

PERMANENT

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate,

PLACE OF DEATH
County Sarrett 4985

### STATE OF MARYLAND CERTIFICATE OF DEATH

	10	Registration Dist, No.
Vil	PULL NAME John Edward	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
n	rale white (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
- D	(Youth) (Day (Year)	that I last saw h. Im slive on May 8, 191 4,
7 A	// 1 day,hrs.	and that desth occurred on the date stated spove, at 10 4 m, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	yrs mos	Cause obscure  (Duration) yrs mos ds.
	RTHPLACE (State or country) md.	Gontributory Convulsions Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (STATE OF COUNTRY)  OF COUNTRY  OF COUNTRY	(Signed) E do de
Δ.	of Mother Dessie E. Schulet  13 BIRTHPLACE OF MOTHER (State or country)  Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds
	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
15	eMay 10, 1914 a. y. Barricke	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caron, lessis of lungs, meninges, peritonaeum, etc., Caron, lungs, peritonaeum, etc., Caron, lungs, meninges, peritonaeum, etc., Caron, lungs, peritonaeum, etc., Caron, lungs, peritonaeum, etc., Caron, lungs, peritonaeum, etc., Caron, lungs, l

injury, as fracture of skull, and consequences (e. g., cause of death approved by Committee on Nomenclascpsis, tctanus) LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURMAU. V.S.



7. B. No.

PLACE OF DEATH 4986	STATE OF MARYLAND CERTIFICATE OF DEATH
2 DO -Mc	Registered No. 167
Village or Cityleon Doblind // Ro.	St; Ward) [It death occurred in a hospital or institution,
FULL NAME Emma Luc	unda dehrock give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Color or race Single, Married, Wisoweo, Worker (Write the word)	16 DATE OF DEATH May 23 (Month) (Day), 191.X
GDATE OF BIRTH april 10 1868	HEREBY CERTIFY, That I attended deceased from  Mosch  1914, to May 23  1914, that I leat asw here alive on May 2
7 AGE (Month) (Day) (Year)  1 day,hrs.  1 day,hrs.  1 crmin,?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work	Pulmon ay tuberculos
(b) Beneral nature of Industry, business, or establishment to which employed (or employer)	(Duration) 3 yrs mos ds
9 BIRTHPLACE (State or country) Maryland	Gontributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF John Mills	(Signed). aruses a. Schem., M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
of MOTHER Sorah anne Bettings	18 LENGTH OF RESIDENCE (FOR MORPITALS INSTITUTIONS TRANSPORTE
13 BIRTHPLACE OF MOTHER (State or country)  Md	At place lo the of death yrs mos ds. State yrs mos ds.
(Informant) E Prother	Where was disaasa contracted, It not at place of death?  Former or usual residence
(Address). Dobbin 11/a	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 26", 1914 Jaaac W. Abernathy	20 UNDERTAKER ADDRESS ENLY (S)
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-"Foreman," (0)

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cro"); Typhoid fever (never report "Typhoid new rolla"); Lobar pneumonia; Bronchopneumonia ("Pnelmonia," unqualified, is indefinite); Tuberculos, of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "Purpreal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Congcnital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from ." "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of (secondary or intercurrent) \_\_ (name origin; "Can-State cause for Examples:



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of sfreet end number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw h..... allve on..... (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, Litts. OR ..... min. ? BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nefure of industry, business, or establishment in (Duration) which employed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State Where wes disease confrected. BEST OF MY KNOWLEDGE If nof et place of death?. Former or usual residence. DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekecpers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the dibease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaemus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapsed" "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritix nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... "Heart fallure," "Haemorrhage," "Inanition," "Maras The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent .... (name origin; "Can State cause for Examples:



RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. fif death occurred le ...Ward) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL 16 DATE OF DEATH 4 COLOR WIDOWED. (Month) Write the word) 17 I HEREBY CERTIFY. That I attended deceased from (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment lo (Doration) ..... which employed (or employer) -----Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 9 5 ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country of death ..... yrs. .... mos. .... State \_\_\_\_\_ mos. EATH Where was disease contracted If not at place of death?-A Former or (Informant). FO osual residence Every Item CAUSE OF Important. DATE OF BURIAL OR REMOVAL (Address 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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